

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2406AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/10/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY ADULT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1905 QUAIL POINT COURT LAS VEGAS, NV 89117</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 6/10/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by:</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  Based on record review on 6/10/09, the facility failed to ensure 1 of 4 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #3 ).  This was a repeat deficiency from the 8/15/08 State Licensure survey.  Severity: 2      Scope: 3	Y 103			
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.  This Regulation is not met as evidenced by: Based on observation on 6/10/09, the facility failed to ensure the the facility was kept free from hazards. The air conditioner ceiling return vent was not properly secured. The barbecue grill was located near the rear window of the facility and accessible to all residents who were all Alzheimer's.  Severity: 2      Scope: 3	Y 175			
Y 693 SS=F	449.2712(2) Oxygen-Caregiver monitor resident ability  NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of	Y 693			

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Y 693	<p>Continued From page 2</p> <p>oxygen shall:</p> <p>(a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician.</p> <p>(b) Ensure That:</p> <p>(1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen;</p> <p>(2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored;</p> <p>(3) Persons do not smoke in those areas where smoking is prohibited;</p> <p>(4) All electrical equipment is inspected for defects which may cause sparks.</p> <p>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>(6) The equipment used to administer oxygen is in good working condition;</p> <p>(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and</p> <p>(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.</p> <p>This Regulation is not met as evidenced by: Based on observation on 6/10/09, the facility failed to secure oxygen tanks in a rack or to the wall. Three oxygen tanks were observed</p>	Y 693		

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Y 693	Continued From page 3  unsecured in the garage.  Severity: 2    Scope: 3	Y 693			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on record review on 6/10/09, the facility failed to ensure 1 of 5 residents received an annual physical (Resident #4).  Severity: 2    Scope: 1	Y 859			
Y 882 SS=D	449.2742(6)(c) Medication / change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by	Y 882			

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Y 882	Continued From page 4  the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.  This Regulation is not met as evidenced by: Based on record review on 6/10/09, the facility failed to ensure medication labels matched physician orders for 1 of 5 residents (Resident #4).  Severity: 2 Scope: 1	Y 882			
Y 898 SS=E	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898			

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Y 898	Continued From page 5  This Regulation is not met as evidenced by: Based on record review on 6/10/09, the facility failed to ensure the medication administration record (MAR) was accurate and matched the prescription label for 2 of 5 residents (Resident #1, and #5).  Severity: 2 Scope: 2	Y 898			
Y 908 SS=D	449.2746(2)(a)-(f) PRN Medication Record  NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.  This Regulation is not met as evidenced by: Based on record review on 6/10/09, the facility failed to ensure the medication record was complete for 1 of 5 residents receiving as needed	Y 908			

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Y 908	Continued From page 6  (PRN) medications (Resident #4) .  Severity: 2    Scope: 2	Y 908			
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.  This Regulation is not met as evidenced by: Based on observation on 6/10/09, the facility failed to ensure all toxic substances were inaccessible to the residents. In the hallway closet medications and first aid supplies were unsecured.  Severity: 2    Scope: 3	Y 999			

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